

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:					
Estimated average burden					
hours per respon					

SEC USE ONLY							
Prefix	Serial						
DAT	RECEIVED						
	1						

Name of Offering (check if this is an amen	dment and name has changed, and indicate change.)	
Argus Security Technologies, Inc. Common		
Filing Under (Check box(es) that apply): Type of Filing: New Filing Amendm	Rule 504 Rule 505 Rule 506 Section 4(6)	☑ nroe
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the iss	suer	07069715
Name of Issuer (check if this is an amendme	ent and name has changed, and indicate change.)	
Argus Security Technologies, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
	ited partnership, already formed other (pl	PROCESSED JUL 0 5 2007
Actual or Estimated Date of Incorporation or Orga Jurisdiction of Incorporation or Organization: (En	Month Year anization: Actual Estim	FINANCIAL
GENERAL INSTRUCTIONS	CN for Canada; FN for other foreign jurisdiction)	
Federal:	ecurities in reliance on an exemption under Regulation D or	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC) on the earlier of	in 15 days after the first sale of securities in the offering. The date it is received by the SEC at the address given beed States registered or certified mail to that address.	
Whose To Eiler H.S. Committee and Evolunce Con		10

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.									
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
(Use blank sheet or convand use additional conies of this sheet as necessary)									

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1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No	
1.	Answer also in Appendix, Column 2, if filing under ULOE.								***************************************	L.,	<u> </u>		
2.										***************************************	\$ _	<u> </u>	
	<u>.</u>											Yes	No
3.	1												
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									the offering. with a state			
Ful	Name (Last name	first, if ind	ividual)						· -			·
Bus	ness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						· · ·
Nar	ne of As	sociated B	roker or De	aler						 -		_ _ -	
Stat	tes in Wi	nich Persor	Listed Ha	s Solicited	or Intend	to Solicit	Purchasers						· · · · · · · · · · · · · · · · · · ·
	(Check	"All State:	s" or check	individua	States)		***************************************	•••••				□ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	MT	IN NE	NV)	(KS) (NH)	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD		TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (Last name	first, if ind	ividual)								-	
Bus	iness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nan	ne of As	sociated Br	oker or De	aler			<u>.</u>						
Stat	es in Wi	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	- 	,				······································
	(Check	"Ali States	" or check	individual	States)						***************************************	☐ Al	l States
	AL	AK	AZ	AR	CA	CO	(CT)	DE	DC]	FL	GA	Hi	[ID]
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	[MS]	MÖ
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full	Name (Last name	first, if ind										
Bue	iness or	Residence	Address (1	Number an	d Street C	ity. State	Zin Code)						
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Nan	n'e of Ass	sociated Br	oker or De	aler									
Stat	ì		Listed Has										
	(Check	"All States	" or check	individual	States)	******************			***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		States
	AL	AK	AZ	AR	(ČA)	CO	CT	DE .	DC	FL		HI	
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA (ND)	MI OH		MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	[WV]		WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	§ 0.00	s 0.00
	Equity	§ 0.00	\$ 0.00
	Convertible Securities (including warrants)		194,000.00
	Partnership Interests		\$ 0.00
			\$ 0.00
	Other (Specify)		\$ \$_194,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	\$	\$_10-7,000.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases § 194,000.00
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		· •
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		\$
	Total	<u>_</u>	\$_0.00
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		\$ 1,000.00
	Accounting Fees	ــــــــــــــــــــــــــــــــــــــ	\$_0.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)	J	\$ 0.00
l	Other Expenses (identify)	_	\$ 0.00
	Total	_	\$ 1,000.00

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."		s	\$193,000.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for ar check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and If the payments listed must equal the adjusted gros	d	
	· ·		Payments to Officers, Directors, & Affiliates	Payments to Others
	 Salaries and fees		. 🗆 \$. □\$
	Purchase of real estate		—	_
	Purchase, rental or leasing and installation of made	chinery	_	_
	and equipment		_	
	Construction or leasing of plant buildings and fac		· 🗀 2	- S
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso			
	issuer pursuant to a merger)	cis of securities of another	\$	_ 🗆 \$
	Repayment of indebtedness		—	_
	Working capital		_	
	Other (specify):			
				-
				_ 🗀 \$
	Column Totals			
	Total Payments Listed (column totals added)		☑ \$ <u>1</u>	93,000.00
		D. FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commi credited investor pursuant to paragraph (b)(2) of	ission, upon writte Rule 502.	ale 505, the following en request of its staff,
	er (Print or Type)	Signature	Date	
	us Security Technologies, Inc.	Sty My	June 25, 2007	
- 1	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
G. F	eter Molloy, Jr.	President		
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			E. STATE SIGNATURE						
	1.	ls any party described in 17 CFR 230.262 provisions of such rule?	esently subject to any of the disqualification Yes No						
		See	Appendix, Column 5, for state response.						
	2.	The undersigned issuer hereby undertakes to fi D (17 CFR 239.500) at such times as require	urnish to any state administrator of any state in which this notice is filed a notice on Form d by state law.						
	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by th issuer to offerees.								
	4.	·	suer is familiar with the conditions that must be satisfied to be entitled to the Uniform ate in which this notice is filed and understands that the issuer claiming the availabilitying that these conditions have been satisfied.						
		er has read this notification and knows the conte horized person.	ents to be true and has duly caused this notice to be signed on its behalf by the undersigned						
	,	Print or Type) ecurity Technologies, Inc.	Signature Date June 25, 2007						
Van	ne (P	rint or Type)	Title (Rrint of Type)						
G.	Pete	r Molloy, Jr.	President						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX										
	Intend to non-a investor	2 I to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		Disqual under Sta (if yes, explana waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
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AZ											
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MD		×	Common-Convert.	2	\$194,000.00		\$0.00		×		
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MN		94.4 ***********************************									
MS											
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	APPENDIX										
	1	Intend to non-a investor	2 Ito sell accredited as in State I-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and rchased in State C-Item 2)		under Sta (if yes, explana	ation of granted)	
Sti	ate	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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	APPENDIX												
	2 3					5 Disqualification							
		to non-a	to sell accredited as in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and expanded amount purchased in State wai		amount purchased in State				Type of investor and amount purchased in State under State under State		ate ULOE
Sta	ite	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
W	Y												
P	R												

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